

STATE OF NEW JERSEY  
Department of the Treasury - Division of Pensions and Benefits  
PO Box 295, Trenton, NJ 08625-0295

**EMPLOYERS' CERTIFICATION: DEATH CLAIM**

(Please see reverse side for instructions)

Retirement System (Check One): ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ ABP

1. Name of Deceased \_\_\_\_\_ 2. Membership No. \_\_\_\_\_  
3. Date Employed \_\_\_\_\_ 4. Social Security Number \_\_\_\_\_  
5. Last Day of Active Service \_\_\_\_\_ 6. Date of Death \_\_\_\_\_  
7. Was death due to an accident in the course of employment? ☐ Yes ☐ No

8. Was member on an official leave of absence with or without pay? ☐ Yes ☐ No — If yes, you must give date granted, reason, and support documentation.

☐ L/A With Pay \_\_\_\_\_ ☐ L/A Without Pay \_\_\_\_\_ ☐ Other \_\_\_\_\_  
(Date) From - To (Date) From - To (Date) From - To

Reason for Leave \_\_\_\_\_

**Please be certain to attach a resolution, board minutes, or statement from employer for an employee who was on a leave of absence without pay at the time of death. This claim cannot be processed unless official documentation from the employer is included with this certification.**

9. Base salaries during the last 6 months of creditable service prior to date of death. For those employees paid through the State Centralized Payroll Unit, see instructions on the back.

Month - Year	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions	Arrears and/or Purchases	Total Deduction	Supplemental Annuity
				Amount			Amount

10. Annual salaries and effective dates of wages in last year of service (see instructions for example):

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Salary Date Salary Date Salary Date

11. Last Deduction Made for Retirement System: Payroll Period \_\_\_\_\_

Amount of Pension Deduction \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_

12. If Contributory Insurance in force, give Payroll Period from which last deduction was made (PERS and TPAF only) \_\_\_\_\_

Date

Signature of Certifying Officer

Phone Number

Employing Agency

County

**THIS CLAIM CANNOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED**

## INSTRUCTIONS

This form must be filed in all cases where a member of a State-administered retirement system dies while in active status with an employer.

It is necessary to answer all questions completely. This will avoid unnecessary correspondence and expedite the payment of the claim.

**Item 8:** This item must be completed in its entirety. Failure to do so will delay the processing of this claim.

**Item 9:** The "6 Month Period" certification should be identical to the "Quarterly Report of Contributions".

**Item 9:** State agencies reporting deductions through the State Centralized Payroll Unit should send a screen print of the TREADHOC bi-weekly certification with this form in lieu of the "6 Month Period" certification on the front of this form.

**Item 10:** *Example* - Member dies January 2, 2005. During the last year of employment the member had an annual salary of \$26,000 effective September 1, 2004; \$24,000 effective May 1, 2004; and \$21,000 effective September 1, 2003. Item 10 would be completed as follows:

<u>\$26,000</u>	<u>9/1/04</u>	<u>\$24,000</u>	<u>5/1/04</u>	<u>\$21,000</u>	<u>9/1/03</u>
Salary	Effective Date	Salary	Effective Date	Salary	Effective Date